



May 2000

HOME HEALTH AGENCY UPDATE



North Dakota Department of Health
Division of Health Facilities

Welcome to the second *Home Health Agency Update* newsletter.



General News

During the Feb. 9, 2000, North Dakota Association of Home Care annual meeting questions arose about whether a physician from another state must be licensed in North Dakota if that physician provides service (writes orders) for a patient in this state. Mr. Rolf Sletten of the North Dakota Board of Medical Examiners office offered the following response:

“The crucial point, at least from our perspective, is whether or not the patient is situated in North Dakota when the service is rendered. In other words, if, for example, a North Dakota citizen visits a physician in Minnesota, he is only required to hold a Minnesota license. The fact that the patient might live in another state (e.g., North Dakota) is entirely beside the point. This situation changes if the patient is located in North Dakota at the time the service is rendered. In that case, we believe that the physician is practicing medicine in North Dakota and must hold a North Dakota license.”

It is acceptable for North Dakota pharmacists to fill a prescription from an out-of-state physician. According to the North Dakota Board of Pharmacy, their rules were recently changed to allow a pharmacist to fill a prescription written by a physician from another state. They also indicated the pharmacist must verify that the out-of-state physician has a license in the state in which they practice.

Another question asked was whether there is latitude for the every two weeks supervisory visits. Regulation 484.36(d), G229 states, “The registered nurse (or another professional described in paragraph (d)(1) of this section) must make an on-site visit to the patient’s home no less frequently than every 2 weeks.” This regulation clearly requires the RN to make a supervisory visit to the patient’s home at least every two weeks.

Whether or not the agency is out of compliance if a visit is missed depends upon many factors and cannot be answered with a simple yes or no

response. During chart review, for example, the surveyor may find one chart indicating that visits were not made every two weeks. The surveyor would investigate further as to why the visit was missed, what effects the missed visit had on the client's outcome, whether visits are consistently missed versus a one-time occurrence, etc. As you know, the RN supervisory visit is key in determining if home health aide(s) are providing care and services according to the plan of treatment/care, and how the service they provide affects each patient's quality care. We will continue to enforce this regulation, but also will look at the circumstances surrounding the missed visit.



OASIS Topics

OASIS Questions

Can home health agencies share their OASIS information with an ORYX vendor?

The requirement at 484.11 stipulates that home health agencies must have systems in place to keep their OASIS data confidential as you would any medical record information. Home health agencies may share the OASIS information with others as part of the course of doing business – which is to treat patients. You routinely do this for payment and treatment purposes. What agencies cannot do is release OASIS data, in an identifiable format, to anyone else, for example, to a drug company looking for all the diabetic patients, CHF patients, etc., unless the patient has given specific authorization to do so. As part of the requirement, agencies can share the information with anyone they wish as part of the course of doing business, as long as there is a

written agreement with that entity that describes the confidential nature of the information and the limits of its use.

As part of the home health agency's participation in the JCAHO program, home health agencies may submit their OASIS data to any ORYX vendor in order to participate in this quality indicator program. Again, there should be an agreement that stipulates the use of the data and any restrictions. The regulation does not prohibit an agency from submitting their OASIS data to an ORYX vendor. However, an agency may choose not to share data with the ORYX vendor for its own reasons.

OASIS Information

We recently received notice from the Health Care Financing Administration (HCFA) that there may be the potential for rejected home health agency (HHA) OASIS assessment records after the May 22, 2000, OASIS state system revisions. This information is provided in the event you have received "warnings" during OASIS data submission and to inform you of the new revisions that will occur. We also want to commend you for your data submission accuracy, as most agencies in North Dakota have very few, if any, errors.

HCFA indicated that as part of implementing the Data Submission Specifications Version 1.04-Revision, many data submission errors have been reclassified from "warnings" to "fatal" errors. Currently, submitted records can violate some of the HCFA-defined data specifications and still be accepted by the HCFA OASIS State-based System, albeit with warning messages. However, when Version 1.04-Revision 1 becomes effective May 22, 2000, many messages that previously were classified as warnings will become fatal errors. This means that records violating these specifications will be rejected by HCFA's OASIS State-based System.

After May 22, 2000, if a home health agency submits a record that is rejected, it should follow the rules outlined in the current Correction Policy. If an assessment is submitted to the state and is rejected, agency staff can unlock the assessment, make the necessary changes, relock the assessment and resubmit. The correction type is one of three discussed in the Correction Policy found on the OASIS Internet site at <http://www.hcfa.gov/medicare/hsqb/oasis/datasubm/ds103cp.pdf>

The submission time frame, which is no later than the last day of the month following the month the assessment is locked, is still in effect even if the record is rejected. For this reason, we encourage HHAs to submit frequently – even weekly – and always review the final report. If fatal errors are noted on an assessment record, that record must be corrected and re-submitted to the HCFA OASIS State-based System. If a home health agency waits until the last day of the month to transmit OASIS files and those files are rejected, corrected and resubmitted after the required time frame, the home health agency may face enforcement action from the state agency for noncompliance submission time frame requirements.

OASIS Conference

Cathy Swenson and David McCowan will attend the Annual OASIS Coordinators Conference May 16 through 19, 2000. We will inform you about any new information they receive.

Sympathy

As the regulatory department in the state for home health agencies, we have the opportunity to meet with every home health agency and many of their staff – not only because of the survey process, but to work with you on a number of issues, ideas and concerns. When OASIS was first introduced, Sue Arneson was one of the people who volunteered to work with us on a plan for its implementation across the state. We also had the opportunity to network with her on other issues, as well as visit with her at a number of your association meetings. Her professionalism and knowledge, her candor, as well as her ongoing concern to assure the provision of quality home care to the residents of this state was very evident to all of us. We were very saddened to hear about her tragic accident and untimely death, and we extend our sympathies.



North Dakota Department of Health
Division of Health Facilities
600 E. Boulevard Ave., Dept 301
Bismarck, N.D. 58505-0200
Phone: 701.328.2352
Fax: 701.328.1890
Website: www.health.state.nd.us

Murray Sagsveen, State Health Officer
Darleen Bartz, Chief
Health Resources Section
Roger Unger, Acting Director
Carole Klebe, Manager